

FILED MAR 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7958

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>140</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u> c. LENGTH OF STAY (in this place) <u>Life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>13 1/2 South Main</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u> <u>0171</u> d. STREET ADDRESS (If rural, give location) <u>13 1/2 S. Main</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>EMMETT O. MILLER</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>March 7, 1950</u>		(Month)		(Day)		(Year)	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 11, 1864</u>	
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <u>Carroll County, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Thomas Miller</u>				13b. MOTHER'S MAIDEN NAME <u>Ediza Stone</u>			
14. NAME OF HUSBAND OR WIFE <u>Nellie B. Holladay</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>Unknown</u>			
16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Della Roberts, Carrollton, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture right hip</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				21a. ACCIDENT (Specify) <u>Accident</u>			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carrollton, Carroll, Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) <u>Mar. 1, 1950</u> (Hour) <u>11:30 a.m.</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
21f. HOW DID INJURY OCCUR? <u>fall</u>				22. I hereby certify that I attended the deceased from <u>March 1, 1950</u> , to <u>March 7, 1950</u> , that I last saw the deceased alive on <u>March 6, 1950</u> , and that death occurred at <u>1:22 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. M. Thomas, M.D.</u> (Degree or title)				23b. ADDRESS <u>Carrollton, Mo.</u>			
23c. DATE SIGNED <u>3-9-50</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>March 9, 1950</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Rock Branch</u>			
24d. LOCATION (City, town, or county) (State) <u>Carroll County, Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley &amp; Gibson</u> ADDRESS <u>Carrollton, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3/15/50</u>				REGISTRAR'S SIGNATURE <u>Mrs. Herbert Calvert</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 20

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-21-50

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

*William R. Koch*

Licensed Embalmer No. 4751

P. O. Address Carrollton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.